

LANDLORD INFORMATION

Lead-Safe Cambridge Intake Form

Office Use Only
Compiled By: _____
Intake Date: _____

Landlord Information

Owner	Information
Name of Owner(s)	
Street Address, Unit #	
City/State/Zip Code	
Telephone/Day	(Day) _____
Telephone/Evening	(Evening) _____
Other Contact Name (Property Mgr.)	
Other Contact Telephone	
How did you hear about LSC?	

Property Information

Property To Be Deleaded	Information
Street Address, Unit #	
Zip Code	CAMBRIDGE, MA _ _ _ _ _
Total # of Bedrooms in Enrolled Unit	
Total # of Units in Bldg	
Year of Construction	
Amount Charged for Rent	

Tenant Information

Tenant	Information
Tenant Name: ("Vacant " if unoccupied)	
Telephone	
Primary Language	
Total # of Occupants	
Total # of Children Under 6 Years Old	
Section 8 or Other Subsidy?	Yes No

LANDLORD INFORMATION

Lead-Safe Cambridge Intake Form

Other Property Information

Building	Information
Under Order to Delead? <i>(Circle One)</i>	Yes No
Violation Correction? <i>(Circle One)</i>	Yes No
Non-profit CDC involvement <i>(Circle One)</i>	None CNAHS CCHDI HRI JAS Other
Name/Phone for CDC Contact person:	
Extent of Additional Concurrent Work to be Done by CDC? <i>(Check One)</i>	<input type="checkbox"/> None <input type="checkbox"/> Pre-requisite work only <input type="checkbox"/> Weatherization/Housing code repair (<\$5,000) <input type="checkbox"/> Moderate rehab (<\$15,000) <input type="checkbox"/> Substantial rehab (<\$25,000) <input type="checkbox"/> Gut rehab (\$25,000+)

OWNER/APPLICANT CERTIFICATIONS

THE APPLICANT(S) CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND NO INFORMATION HAS BEEN EXCLUDED WHICH MIGHT AFFECT A JUDGEMENT REGARDING FEASIBILITY OF CITY PARTICIPATION IN DELEADING THE APPLICANT'S PROPERTY. SIGNING THIS APPLICATION WILL GIVE THE CITY OF CAMBRIDGE COMMUNITY DEVELOPMENT DEPARTMENT THE RIGHT TO OBTAIN VERIFICATION FROM ANY SOURCE HEREIN.

Applicant's Signature	Date
-----------------------	------

THE APPLICANT(S) HEREBY ACKNOWLEDGES THAT, AT ALL TIMES AND IN ALL ASPECTS OF THE LEAD-SAFE CAMBRIDGE PROGRAM, THE CITY OF CAMBRIDGE RELIES UPON THE INSPECTIONS AND CERTIFICATIONS OF LICENSED LEAD INSPECTORS AND DELEADERS AND AT NO TIME CONDUCTS ANY INDEPENDENT DETERMINATION OF THE EXISTENCE OR REMOVAL OF LEAD PAINT AND MAKES NO REPRESENTATIONS TO THE OWNER OR TO THE TENANTS REGARDING THE EXISTENCE OR REMOVAL OF LEAD PAINT.

Applicant's Signature	Date
-----------------------	------